



HUTCHINSON COMMUNITY COLLEGE

First Name **Last Name**

HutchCC ID **EMAIL**

Social Security Number (required) **Phone #**
 ()

Questions? Contact Ky Washington, VA Certifying Official, 620.665.3400 or 1.888.GOHUTCH Email: washingtonk@hutchcc.edu

CHOOSE SEMESTER: Fall Spring Summer _____
Year

CHOOSE STATUS: I am a HutchCC student. My degree/cert is: _____

I am a guest student and my parent school is: _____

To be certified, GUEST STUDENTS must request a "PARENT SCHOOL LETTER" be sent to HutchCC VA Certifying Official from the above-listed school

I AM A: New Student Continuing Student

Transfer Student*

** If benefits have been used at another institution, student must complete a change of place of training form at www.vets.gov/education/apply-for-education-benefits/application/1995/introduction*

I REQUEST TO HAVE MY ENROLLMENT CERTIFIED TO THE VA FOR THE FOLLOWING BENEFIT:

VETERAN BENEFITS

CHPT 33 Post 9/11 GI Bill
 Veteran Active Duty

CHPT 30 Montgomery GI Bill

CHPT 1606 MGIB-SR/1607 REAP

CHPT 31 VA Vocational Rehabilitation

VA Case Manager _____

Phone # _____

SPOUSE/DEPENDENT BENEFITS

CHPT 33 Post 9/11 GI Bill as a (choose one):
 Transfer of Entitlement Fry Scholarship Recipient

CHPT 35 Dependent/Survivor Education Assistance
VA File # _____

VA benefits are paid directly to the student, EXCEPT Chapter 33 which pays to HutchCC. It is the students responsibility to ensure all debts are paid to HutchCC prior to enrolling each semester. By signing, I acknowledge and agree to comply with all VA regulations.

Signature _____

Date _____

**Questions? Contact Ky Washington, VA Certifying Official, 620.665.3400 or 1.888.GOHUTCH
EMAIL: washingtonk@hutchcc.edu**

